

STATE OF DELAWARE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF MOTOR VEHICLES
P.O.BOX 698, DOVER, DE 19903
ATTN: AUDIT SECTION
(302) 744-2512
www.dmv.de.gov

DOCUMENT FEE CREDIT/REFUND APPLICATION

WARNING: The credit/refund will not be approved unless you comply with the time frames in Items 1g and 1h below.

In most cases credit should be given at time of titling. Only one credit vehicle will be accepted per new vehicle purchased. If credit is not applied for at the time of titling of your new vehicle, a refund check will be processed, if applicable, by the State Treasurer's Office. **Processing time is 12 to 15 weeks from the date of titling.**

1. THE FOLLOWING ELIGIBILITY CRITERIA IS USED TO DETERMINE APPROVAL OF ALL APPLICATIONS:

- a. Credit was not given at time of titling of new vehicle.
- b. Lease turn-In (trade-in) with proof of residual value of vehicle turned/traded-in.
- c. Total loss insurance settlements with proof of actual cash value (ACV) paid by insurance company.
- d. Credit (Sold) vehicle must be Delaware-titled vehicle.
- e. Credit (Sold) vehicle must be in the same name as the applicant completing this form and titling new vehicle.
- f. New vehicle purchased/leased must be titled in Delaware.
- g. Sale of credit vehicle must be within **sixty (60) days prior to, or sixty days (60) after titling date** of new vehicle. *(If the sale is prior to titling of new vehicle, this form should be submitted with the new vehicle title work for immediate credit.)*
- h. Sale of credit vehicle after titling new vehicle, requires applicant to submit this request **within fifteen (15) days after the sale**. Sale of credit vehicle prior to titling new vehicle, requires applicant to submit this request **within fifteen (15) days after titling of new vehicle**.
- i. Title to the credit/refund vehicle must be transferred into the new owner's name, or you must notify DMV that the vehicle was sold/transferred before any refund is processed. This can be accomplished by completing the Seller's Report of Sale portion on the Title for the credit vehicle and submitting it to DMV.

2. REQUIRED DOCUMENTATION:

- a. **INSURANCE SETTLEMENTS:** If the credit vehicle was deemed a total loss by the insurance company, you must have a signed letter from the insurance company on their stationary (letterhead) stating:
 - 1) Your name
 - 2) Vehicle Make, Model and Year
 - 3) Vehicle Identification Number (VIN) or Serial Number
 - 4) Amount paid as the actual cash value (before deductible)
- b. **LEASE TURN-IN (TRADE-IN):** Copy of the original lease on credit vehicle or a letter from the leasing company indicating the residual value of the vehicle at lease turn-in.
- c. **VEHICLES SOLD OUT OF STATE:** Submit the *Sellers Report of Sale* portion of the Title for the credit vehicle to the nearest DMV office. If you do not have this form, submit a signed letter with this application stating the following:
 - 1) Buyers name and address
 - 2) Selling price of the vehicle
 - 3) Vehicle Make, Model and Year
 - 4) Vehicle Identification Number (VIN) or Serial Number
 - 5) Date vehicle was sold

IF YOU MEET THE CRITERIA STATED, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM, AND MAIL IT TO THE ADDRESS ABOVE.

ALL BLANKS MUST BE FILLED IN OR THE APPLICATION WILL BE DENIED**PLEASE PRINT ALL INFORMATION LEGIBLY**

I the, undersigned, do hereby certify, under penalty of perjury, that I **PURCHASED** the following described vehicle that has been titled in my name within the 60-day time limit described on the reverse side of this form.

TAG #: _____ MAKE/MODEL & YEAR: _____

VIN/SERIAL NUMBER: _____

YOUR NAME (S) AS IT APPEARS ON THE TITLE: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

SOCIAL SECURITY #: _____

FEDERAL ID # (If Company Owned): _____

DAYTIME PHONE #: _____

I the, undersigned, do hereby certify, under penalty of perjury, that I **SOLD** the following described vehicle that was titled in my name. **All information will be verified through DMV records.**

TAG #: _____ MAKE/MODEL & YEAR: _____

VIN/SERIAL NUMBER: _____

BUYER'S NAME (S): _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

PURCHASE PRICE: _____ DATE OF SALE: _____

APPLICANTS SIGNATURE: _____ DATE: _____

FOR AUDIT USE ONLY *****(Do not write below this line)*******NEW VEHICLE**

Date Titled: _____

Lane Titled At: _____

Transaction #: _____

Doc Fee Paid: _____

Refund Amt: _____

Reason for Denial: _____

CREDIT VEHICLE

Date Titled: _____

Lane Titled At: _____

Transaction #: _____

Doc Fee Paid/Residual Val/Trade Amt: _____

NADA Trade-In Amount: _____